

CLAIMANT'S NAME Brian Hebert			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Law Revision Commission					
POSITION Executive Secretary		CB/ID NUMBER 5762/E99		DIVISION OR BUREAU			INDEX NUMBER				
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS 3200 5th Avenue				TELEPHONE NUMBER 916-739-7071			
CITY		STATE CA		ZIP CODE		CITY Sacramento		STATE CA		ZIP CODE 95819	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
07 / 09				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
1	0918 1131	Capitol								7:50	6	3:30		10:80
8/4	1600 1630	Capitol								1:50	6	3:30		4:80
8/28	0859 1727	Capitol								18:00				18:00
9/10	1500 1600	Capitol								1:50	6	3:30		4:80
9/15	1400 1530	Capitol								3:00	6	3:30		6:30
9/17	1305 1709	Capitol								13:50	6	3:30		16:80
10/22	0825 1622	Capitol								18:00				18:00
10/23	1228 1328	Sacramento								3:00	6	3:30		6:30
(10) SUBTOTALS										66:00		19:80		85:80
COLUMN CODE (APPLICABLE USE ONLY)														

CLAIM TOTAL												\$85.80	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 7/1/09: ACR 49 hearing in Sen. Judic. Parking=\$7.50 8/4/09: Delivering reports to Legislature. Parking=\$1.50 8/28/09: CLRC Meeting. Parking=\$18.00 (receipt attached) 9/10/09: Mtg w. Asm. Tran's staff. Parking=\$1.50 9/15/09: Mtg w/Sen. Lowenthal staff re SB 189. Parking=\$3.00 9/17/09: Mtg re SB 189 stakeholder concerns. Parking=\$13.50 (receipt attached) 10/22/09: CLRC Meeting. Parking=\$18.00 (receipt attached) 10/23/09: Mtg w/ CAOC re charter schools. Parking=\$3.00												(12) NORMAL WORK HOURS 0800 to 1700	
												(13) PRIVATE VEHICLE LICENSE No.	
												(14) MILEAGE RATE CLAIMED 55 ¢ per mile	
												AGENCY ACCOUNTING OFFICE USE ONLY	
												PAID BY REV. FUND CHECK NO.	

(15) HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the of the State of California. If a privately owned vehicle was used, and if mileage rates exceeded the minimum rate, I certify that the cost of operating te vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety seat usage

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE